



Send completed forms to DOH Communicable Disease Epidemiology
Fax: 206-361-2930

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Other: _____

Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____

Date Received ____/____/____

DOH Classification

☐ Confirmed

☐ Probable

☐ No count; reason: _____

Tetanus

County _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: _____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Painful muscle spasms

☐ ☐ ☐ ☐ Lockjaw

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Contaminated wound during the three months before onset of symptoms.

☐ ☐ ☐ ☐ Skin lesion prior to illness:

☐ Abscess ☐ Ulcer ☐ Blister ☐ Gangrene

☐ Cellulite ☐ Other: _____

☐ ☐ ☐ ☐ Immunosuppressive therapy or disease

☐ ☐ ☐ ☐ Chronic diabetes

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Acute hypertonia

☐ ☐ ☐ ☐ Risus sardonicus (facial muscle spasms)

☐ ☐ ☐ ☐ Opisthotonus (whole back spasm and bowing)

☐ ☐ ☐ ☐ Mechanical ventilation or intubation required during hospitalization

☐ ☐ ☐ ☐ Admitted to intensive care unit

Days in ICU: _____

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness

Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy

Vaccination

Y N DK NA

☐ ☐ ☐ ☐ Vaccine up to date for tetanus

Date last vaccine prior to illness: ____/____/____

doses tetanus vaccine prior to illness: _____

Vaccine series not up to date reason:

☐ Religious exemption

☐ Medical contraindication

☐ Philosophical exemption

☐ Previous infection confirmed by laboratory

☐ Previous infection confirmed by physician

☐ Parental refusal ☐ Under age for vaccination

☐ Other: _____

☐ Unk

NOTES

INFECTION TIMELINE

Enter onset date/time
(first sx) in heavy box.
Count backward to
determine probable
exposure period

Days from
onset:

Exposure period*

- 21 -3

o
n
s
e
t

Calendar date/time:

* This is the usual incubation period,
though it may be as short as one
day or as long as several months

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or
outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Insulin-dependent diabetic
☐ ☐ ☐ ☐ Non-injection street drug use
☐ ☐ ☐ ☐ Injection street drug use
Injection street drug use type: _____
☐ ☐ ☐ ☐ Neonate Date of birth: ____/____/____
Age of mother: _____
Location of birth: ☐ Home ☐ Hospital
☐ Other: _____
Attended by: ☐ Physician ☐ Nurse
☐ Licensed midwife ☐ Unlicensed midwife
☐ Other: _____ ☐ Unk
Mother received tetanus toxoid prior to infant
illness ☐ Y ☐ N ☐ DK ☐ NA
Last dose: ____/____/____

Y N DK NA

- ☐ ☐ ☐ ☐ Recent acute wound (past 3 months)
Date identified: ____/____/____
Wound site:
☐ Head ☐ Trunk ☐ Upper extremity
☐ Lower extremity ☐ Unspecified
Wound type:
☐ Punctate ☐ Crush ☐ Abrasion ☐ Avulsion
☐ Stellate laceration ☐ Linear laceration
☐ Burn ☐ Frostbite ☐ Compound fracture
☐ Surgery ☐ Animal bite ☐ Insect bite
☐ Tissue necrosis ☐ Dental ☐ Unk
☐ Other: _____
Depth of wound: _____
Wound contaminated ☐ Y ☐ N ☐ DK ☐ NA
Signs of infection ☐ Y ☐ N ☐ DK ☐ NA
Wound debrided ☐ Y ☐ N ☐ DK ☐ NA
If so, how soon after wound received: _____
☐ ☐ ☐ ☐ Injury related
Environment of injury:
☐ Home ☐ Other indoors ☐ Farm/yard
☐ Automobile ☐ Other outdoors ☐ Unk
Work related ☐ Y ☐ N ☐ DK ☐ NA

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS AND TREATMENT

Tetanus toxoid given as therapy ☐ Y ☐ N ☐ DK ☐ NA Date/time given: ____/____/____ AM / PM
Tetanus IG given prior to onset ☐ Y ☐ N ☐ DK ☐ NA Date/time given: ____/____/____ AM / PM Dose: _____

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Outbreak related
☐ ☐ ☐ ☐ Contaminated street drugs

PUBLIC HEALTH ACTIONS

- ☐ Initiate trace-back investigation
☐ Trace contaminated drugs
☐ Referral to physician
☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____